

# **MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)**

## **CLIENT ELIGIBILITY INFORMATION**

Recipient File Subsystem (RFS) - Client Medicaid eligibility, managed care participation, lock-in and service authorizations.

## **PROVIDER INFORMATION**

Medical Provider Subsystem (MPS) - Supports enrollment and maintenance of Medicaid providers, provider-specific pricing methodologies, and claims processing.

## **CLAIMS PROCESSING**

Medical Claims Processing Subsystem (MCP) - Claim processing, payment, remittance advice, claim adjustments and claims history. Claims are processed daily through MCP, where they are edited for processing exceptions. Claims failing the edits are suspended for review and remain in a suspended status until they are reviewed and the proper resolution steps are performed or they are deleted and removed from further processing. At the end of each processing week, claims remaining in suspended status are processed through MCP and re-edited. Claims clearing the edits are held, pending payment, until the next warrant and remittance advice generation date.

## **DRUG CLAIMS PROCESSING (Outsourced)**

Contracted through ACS. Point of sale, online, real-time pharmacy system. ACS receives and processes pharmacy drug claims, provides technical and provider helpdesk support, authorization, and drug utilization review functions. Payment is made by the MMIS.

## **MANAGED CARE**

Nebraska Managed Care (NMC) and Managed Care Documentation System - Supports and maintains managed care client enrollment, plan/provider selection, health assessment and outreach.

## **REFERENCE FILES**

Reference File Subsystem (RSS) – Maintains reference and pricing files, such as procedure and diagnosis codes, used to support claims processing.

## **THIRD PARTY LIABILITY**

Third Party Liability Subsystem (TPL) – Maintains client third party resources, including private health insurance and casualty resources. Supports cost avoidance and recoveries for claims for clients with third party resources.

## **SURVEILLANCE AND UTILIZATION REVIEW**

Surveillance and Utilization Review Subsystem (SURS) – Consolidates, organizes and reports on selected data to reveal and aid in the investigation of potential Medicaid provider abuse or misuse. Creates profiles to identify utilization patterns.

# **MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)**

## **MANAGEMENT REPORTING**

Management and Reporting Subsystem (MARS) – Creates financial reports for fiscal planning, management, control, and state/federal reporting requirements.

## **DATA MANAGEMENT (Outsourced)**

Contracted through MEDSTAT, Inc. DataScan software is a decision support system (DSS) used for management, collection and analysis of Medicaid data, including managed care encounter data. Includes Panorama View, an executive management system (EIS). Generates federal Medicaid Statistical Information System (MSIS) report.

## **SCREENING ELIGIBLE CHILDREN**

Screening Eligible Children Subsystem (SEC) – Produces EPSDT screening/treatment tracking reports and client outreach.

## **DRUG REBATE**

Medicaid Drug Rebate System (MDR) – Tracks, invoices and receives rebate payments from drug manufacturers.

## **NURSING FACILITY CASEMIX**

Casemix System – Receives and maintains nursing facility assessments and determines care levels used during claims processing.

## **MEDICAL NON-FEDERAL**

Medical Non-Federal Subsystem (MNF) – Ensures that Medicaid federal funds are not claimed for services otherwise available through the Medicare Program for those individuals who do not participate in Medicare Part B.

## **NEBRASKA DISABILITY PROGRAM**

Nebraska Disability Program Subsystem (NDP) – Accounts for separate funding of services for persons with disabilities who do not meet all the Medicare eligibility requirements but who are eligible for Medicaid. Also tracks funding for State-funded Refugee Resettlement Program.

## **NEBRASKA MEDICAID ELIGIBILITY SYSTEM – INTERACTIVE VOICE RESPONSE**

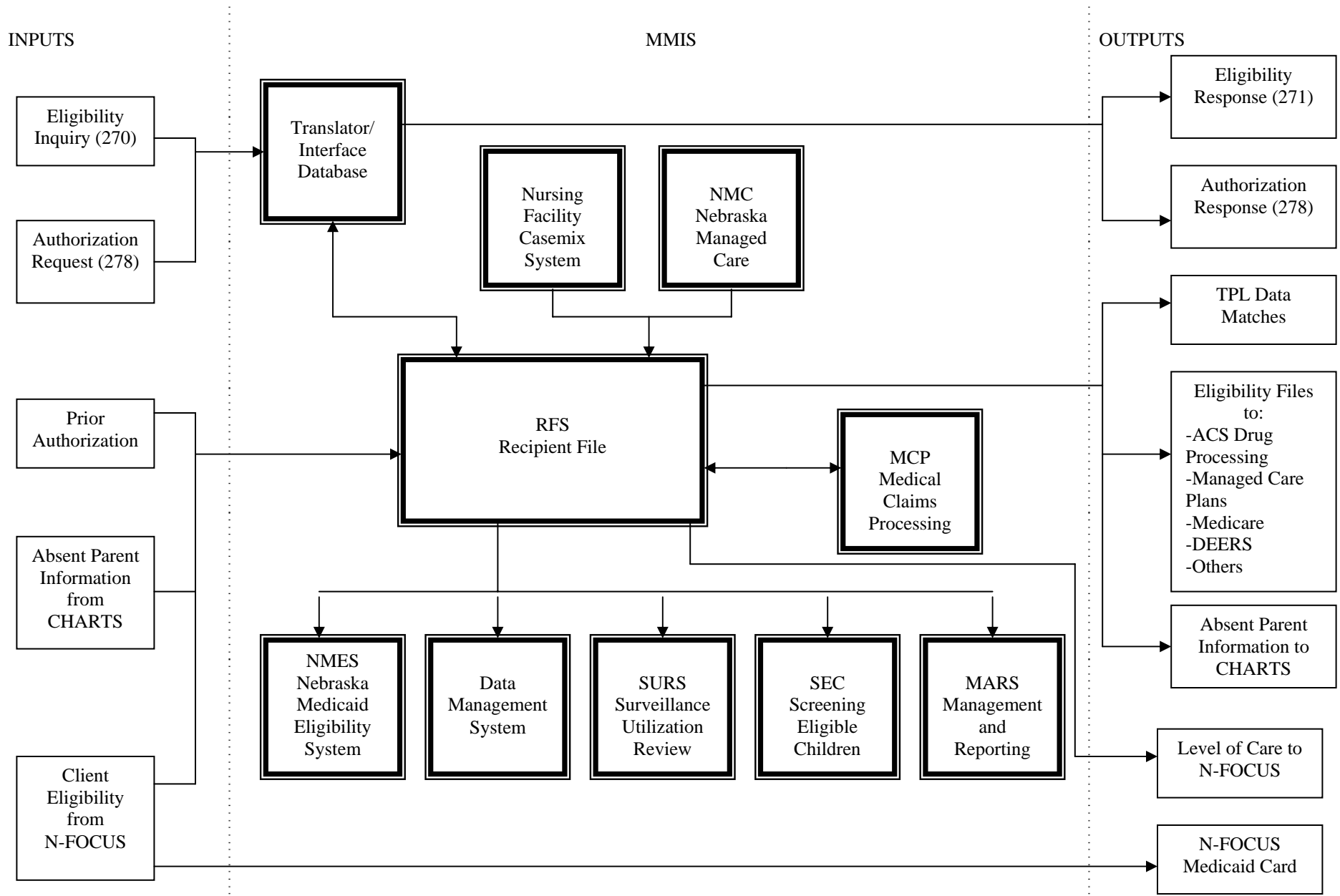
Nebraska Medicaid Eligibility System (NMES) – Telephone voice-response system for use by providers to determine Medicaid client eligibility.

## **TRANSLATOR SERVICES (Outsourced)**

Contracted through Sybase, Inc. Provides translator software to assure that HIPAA X12 compliant transactions are conducted through the MMIS.

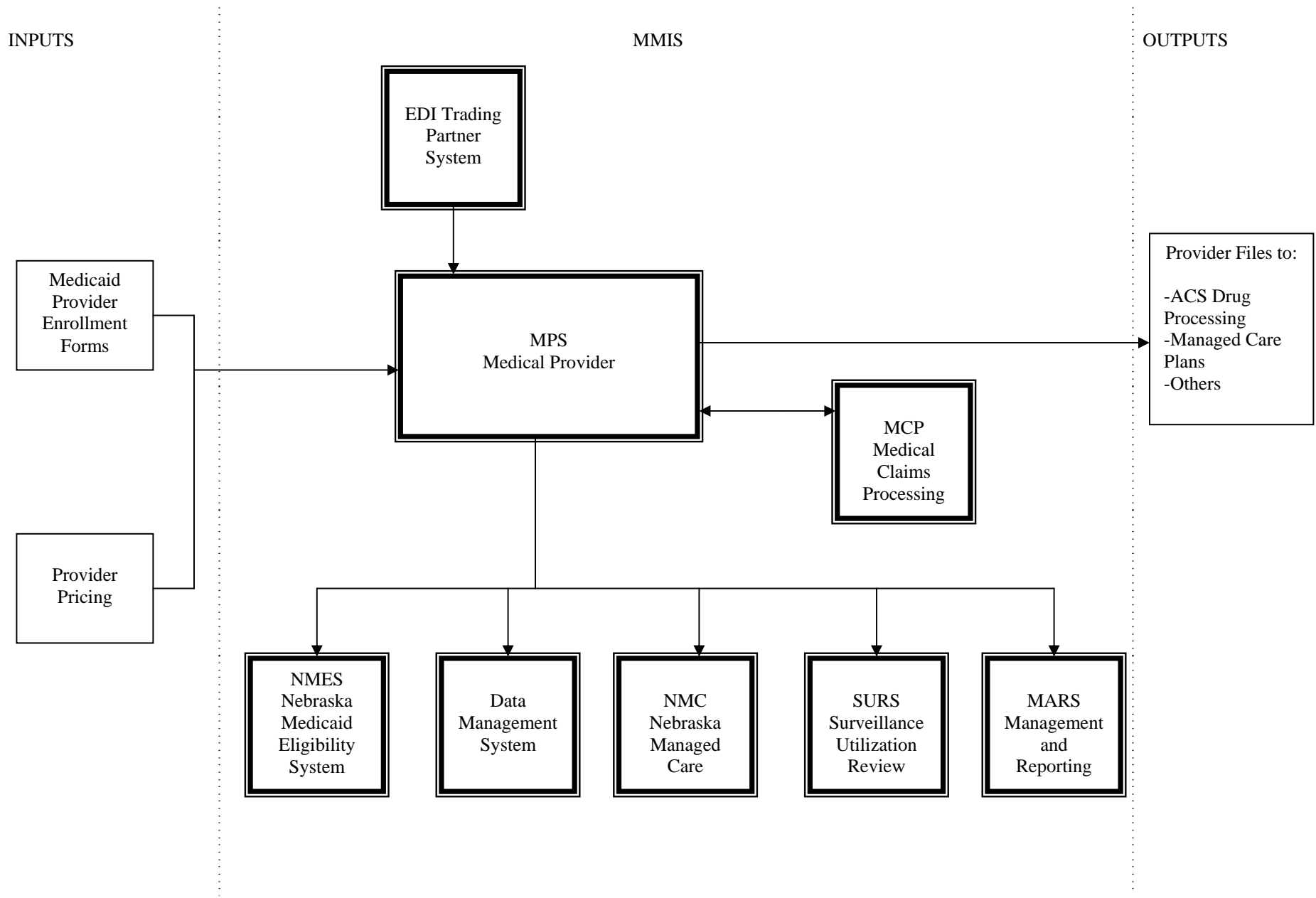
# CLIENT ELIGIBILITY INFORMATION

Client Medicaid eligibility, managed care participation, lock-in and service authorizations.



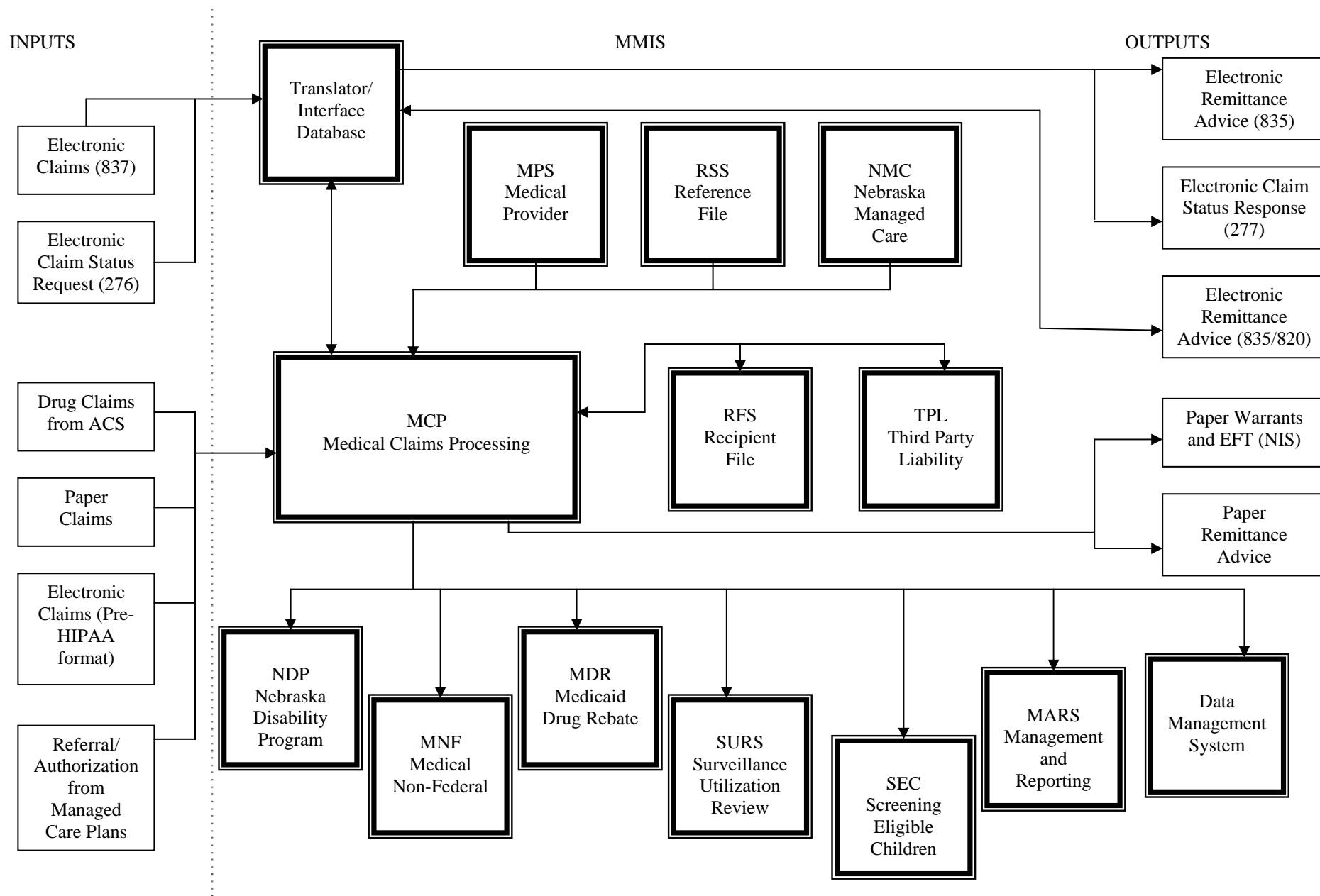
# PROVIDER INFORMATION

Enrollment and maintenance of Medicaid providers, provider-specific pricing methodologies, and claims processing.



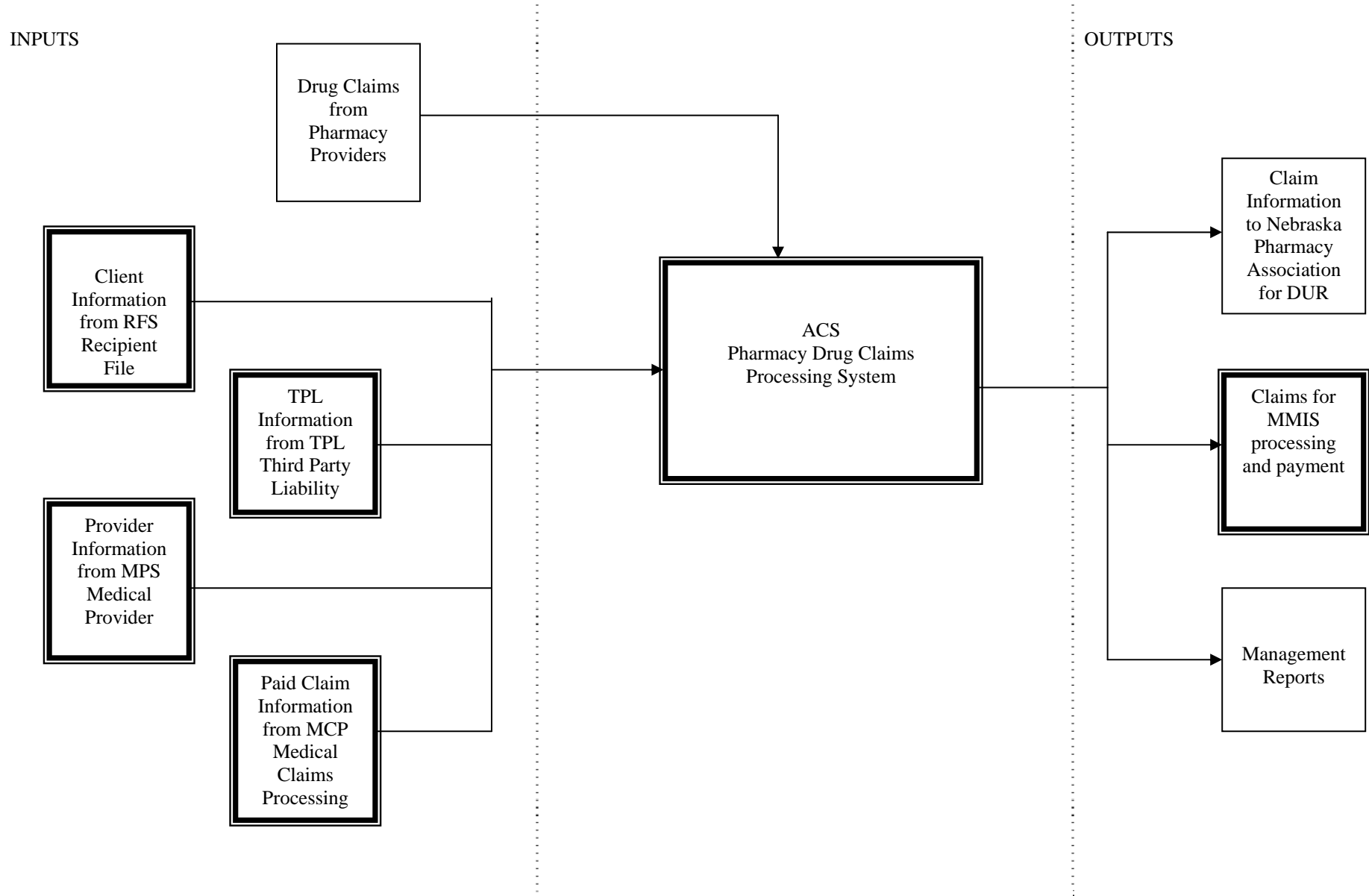
# CLAIMS PROCESSING

Claim processing, payment, remittance advice, claim adjustments and claims history.



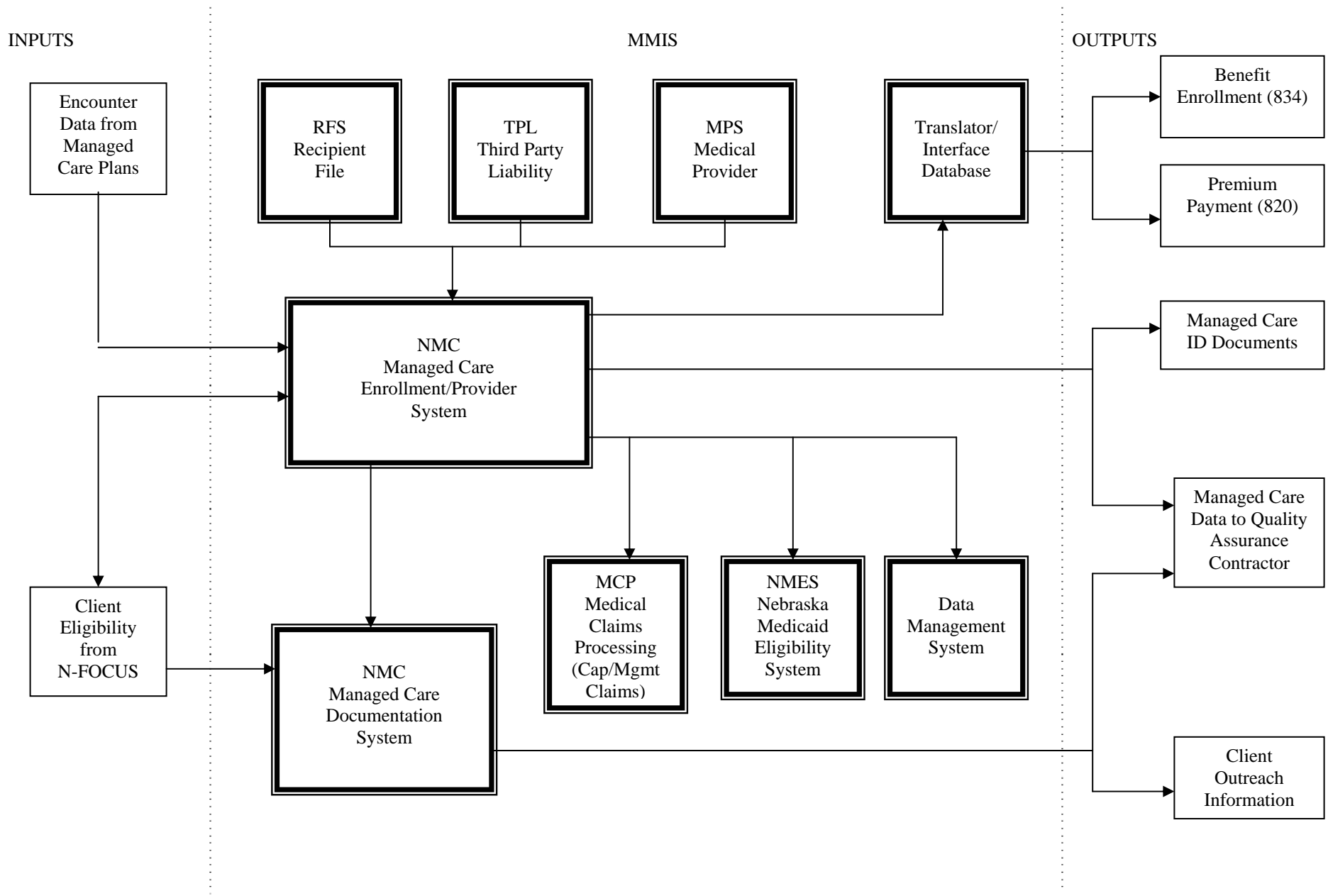
## DRUG CLAIMS PROCESSING

Contracted through ACS. Point of sale, online, real-time pharmacy system. ACS receives and processes pharmacy drug claims, provides technical and provider helpdesk support, authorization, and drug utilization review functions. Payment is made by the MMIS.



# MANAGED CARE

Managed care client enrollment, plan/provider selection, health assessment and outreach.



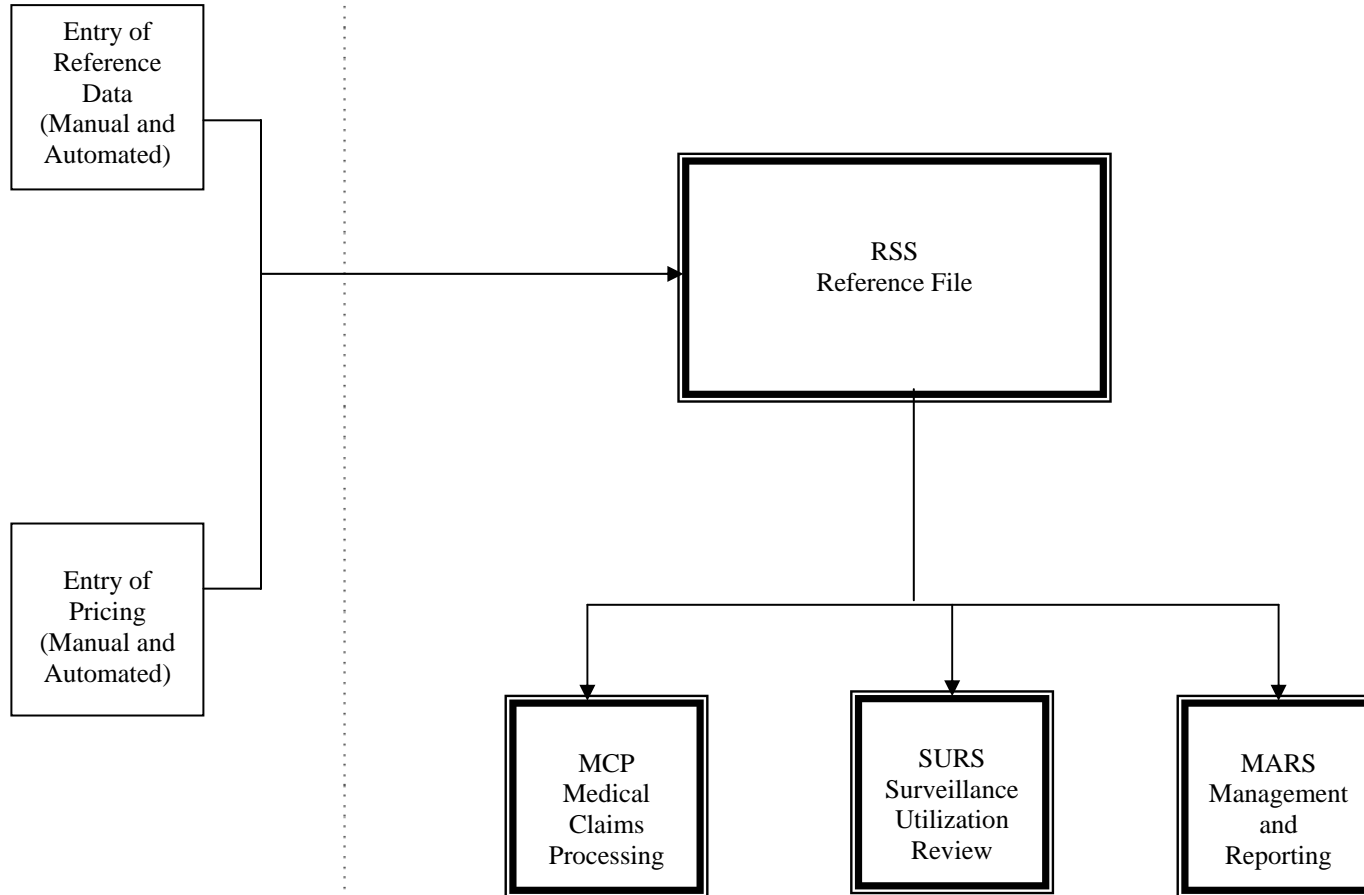
## REFERENCE FILES

Maintains reference and pricing files, such as procedure and diagnosis codes, used to support claims processing.

INPUTS

MMIS

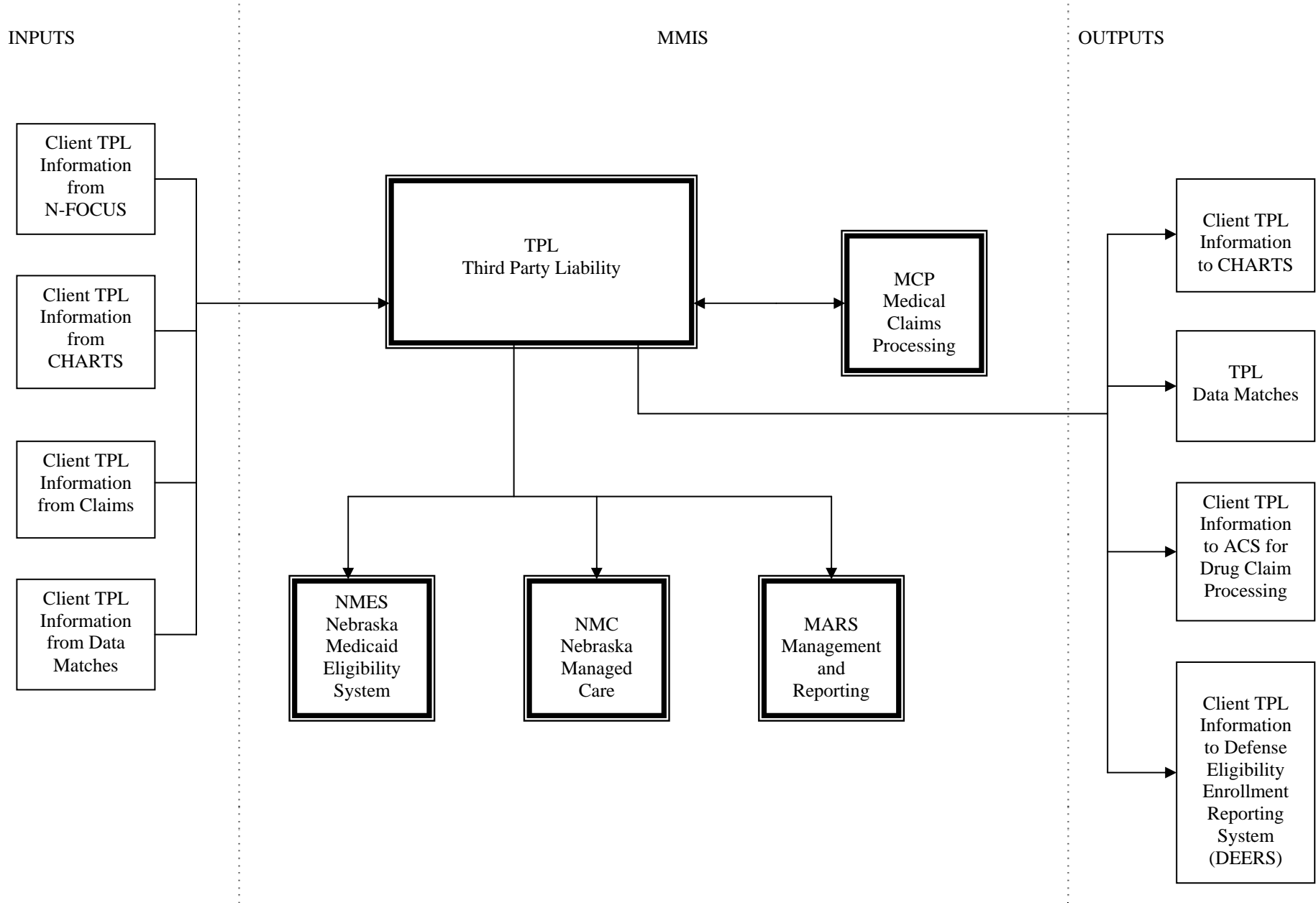
OUTPUTS





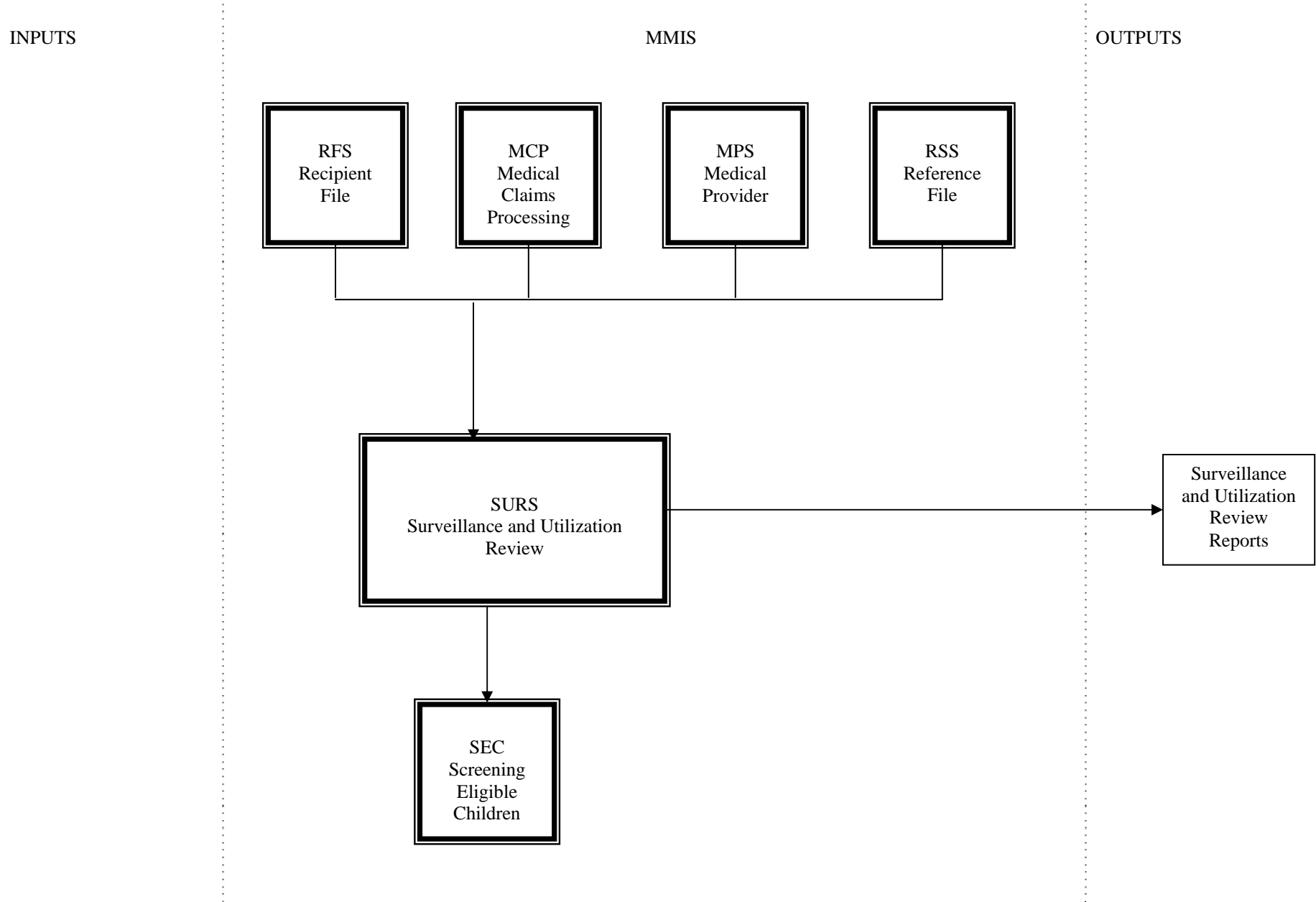
## THIRD PARTY LIABILITY

Maintains client third party resources, including private health insurance and casualty resources.  
Supports cost avoidance and recoveries for claims for clients with third party resources.



## SURVEILLANCE AND UTILIZATION REVIEW

Consolidates, organizes and reports on selected data to reveal and aid in the investigation of potential Medicaid provider abuse or misuse.  
Creates profiles to identify utilization patterns.



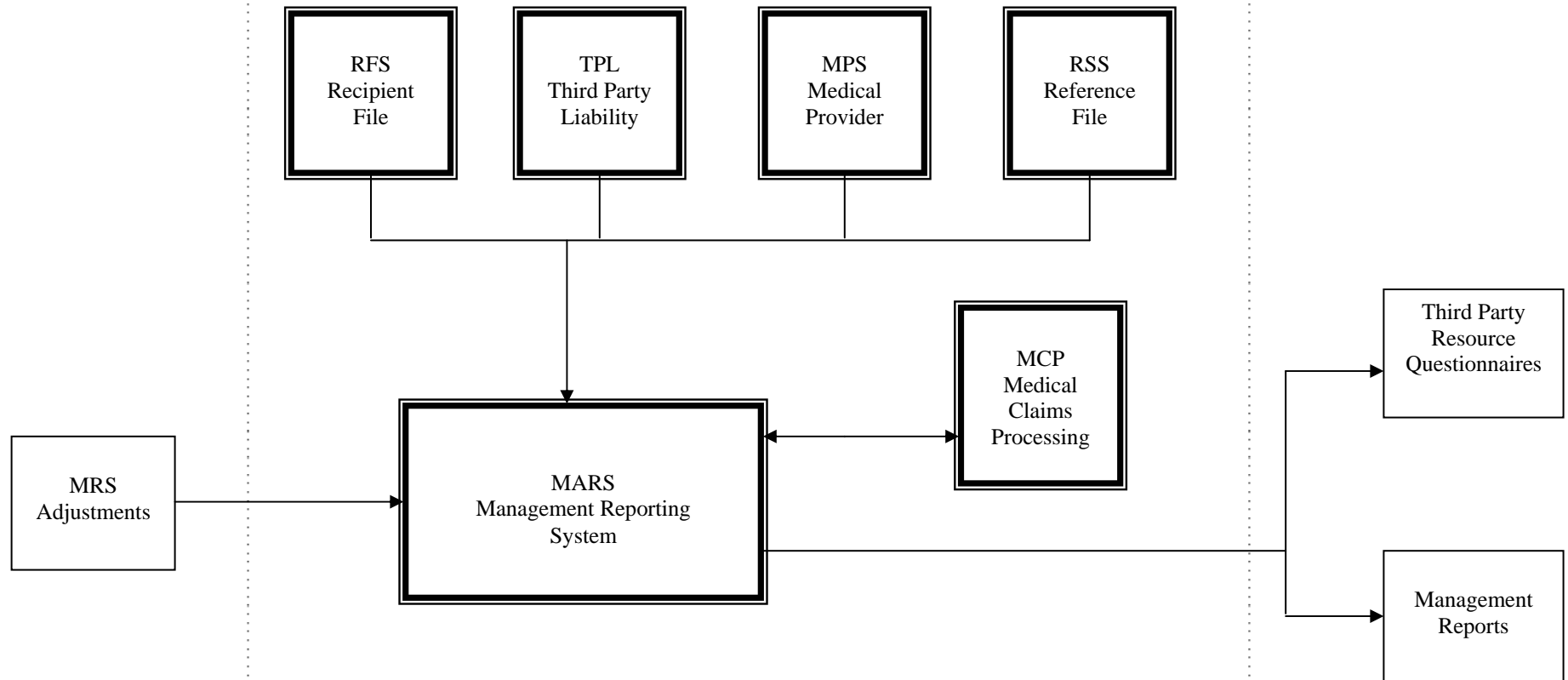
# MANAGEMENT REPORTING

Creates financial reports for fiscal planning, management, control, and state/federal reporting requirements.

INPUTS

MMIS

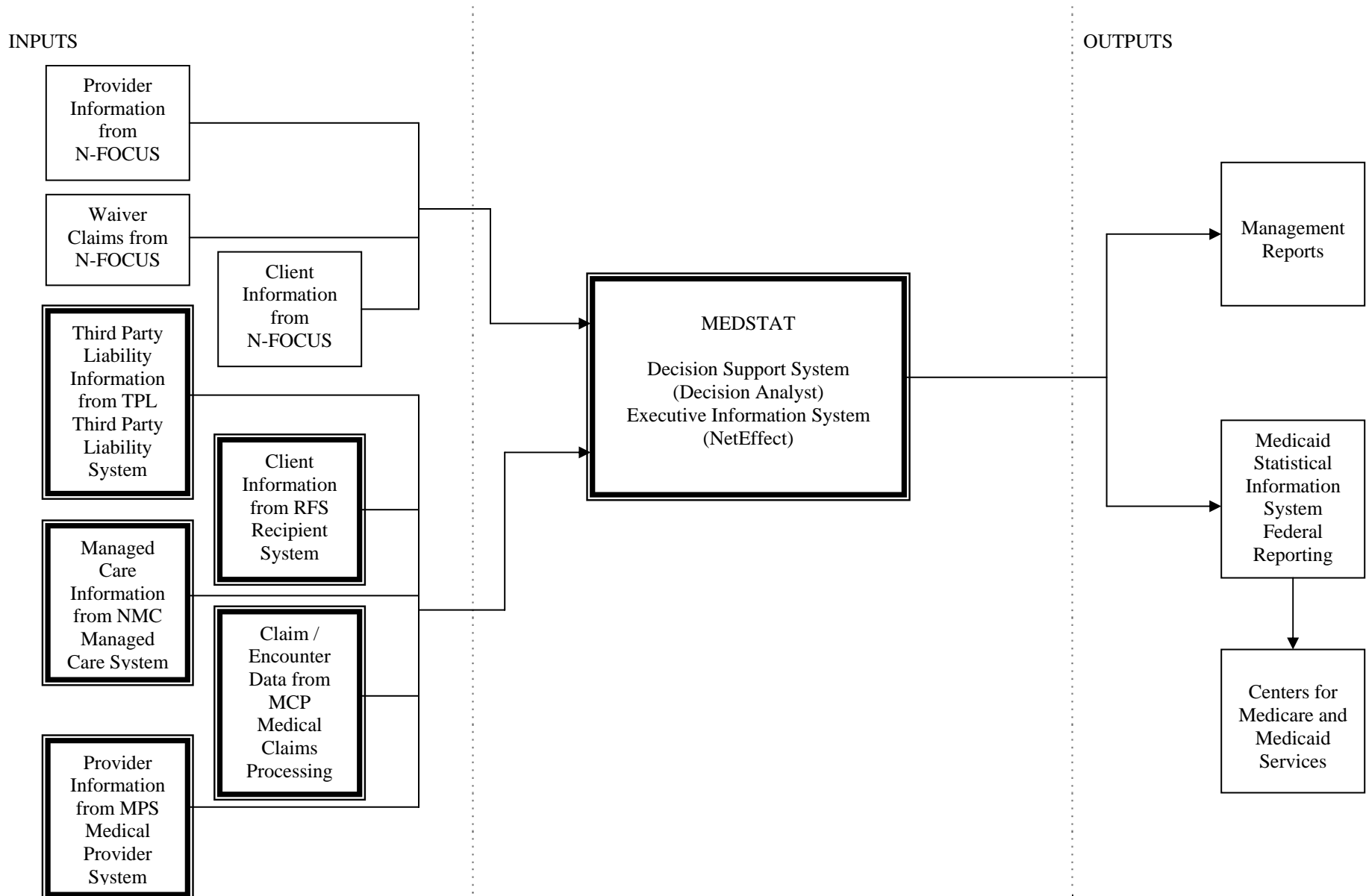
OUTPUTS



## DATA MANAGEMENT

Contracted through Medstat, Inc. Decision Analyst software is a decision support system (DSS), a management & administrative reporting system (MRS), and a surveillance and utilization review system (SURS) used for management, collection and analysis of Medicaid data, including managed care encounter data. Includes NetEffect, an executive management system (EIS).

Generates federal Medicaid Statistical Information System (MSIS) report.



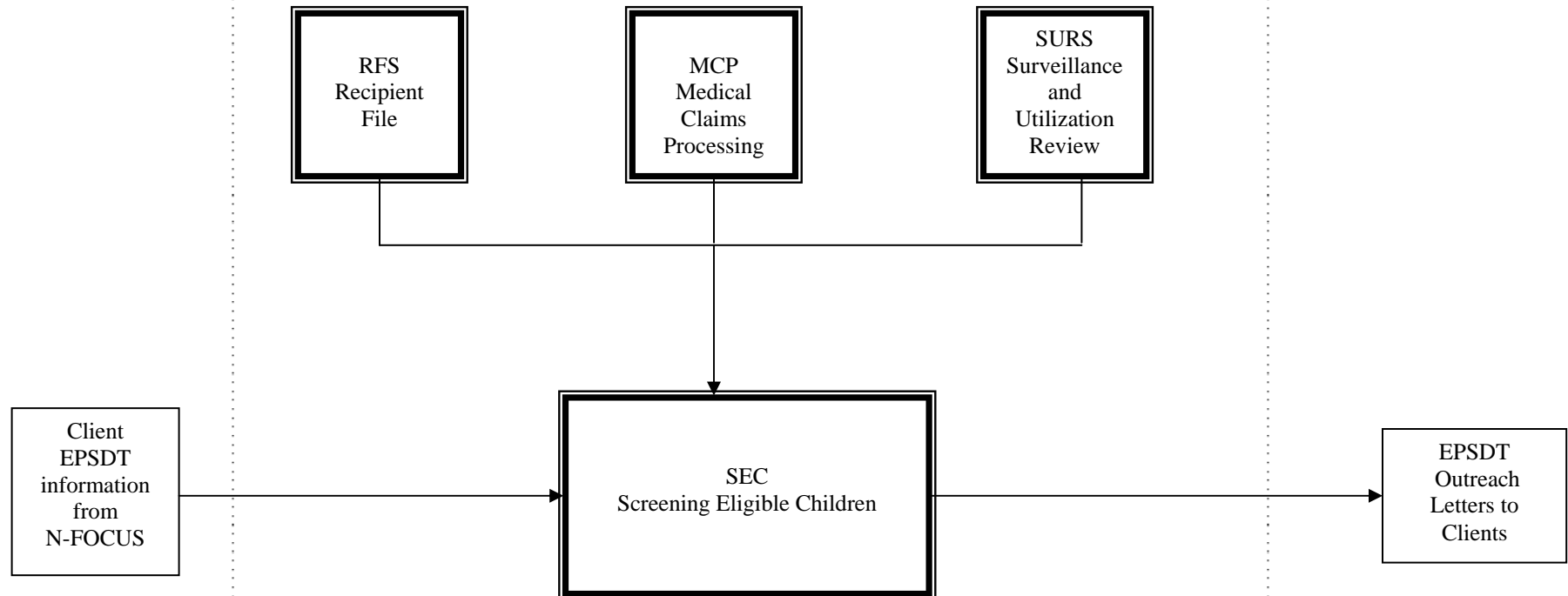
## SCREENING ELIGIBLE CHILDREN

Produces HEALTH CHECK Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening and treatment tracking reports and client outreach.

INPUTS

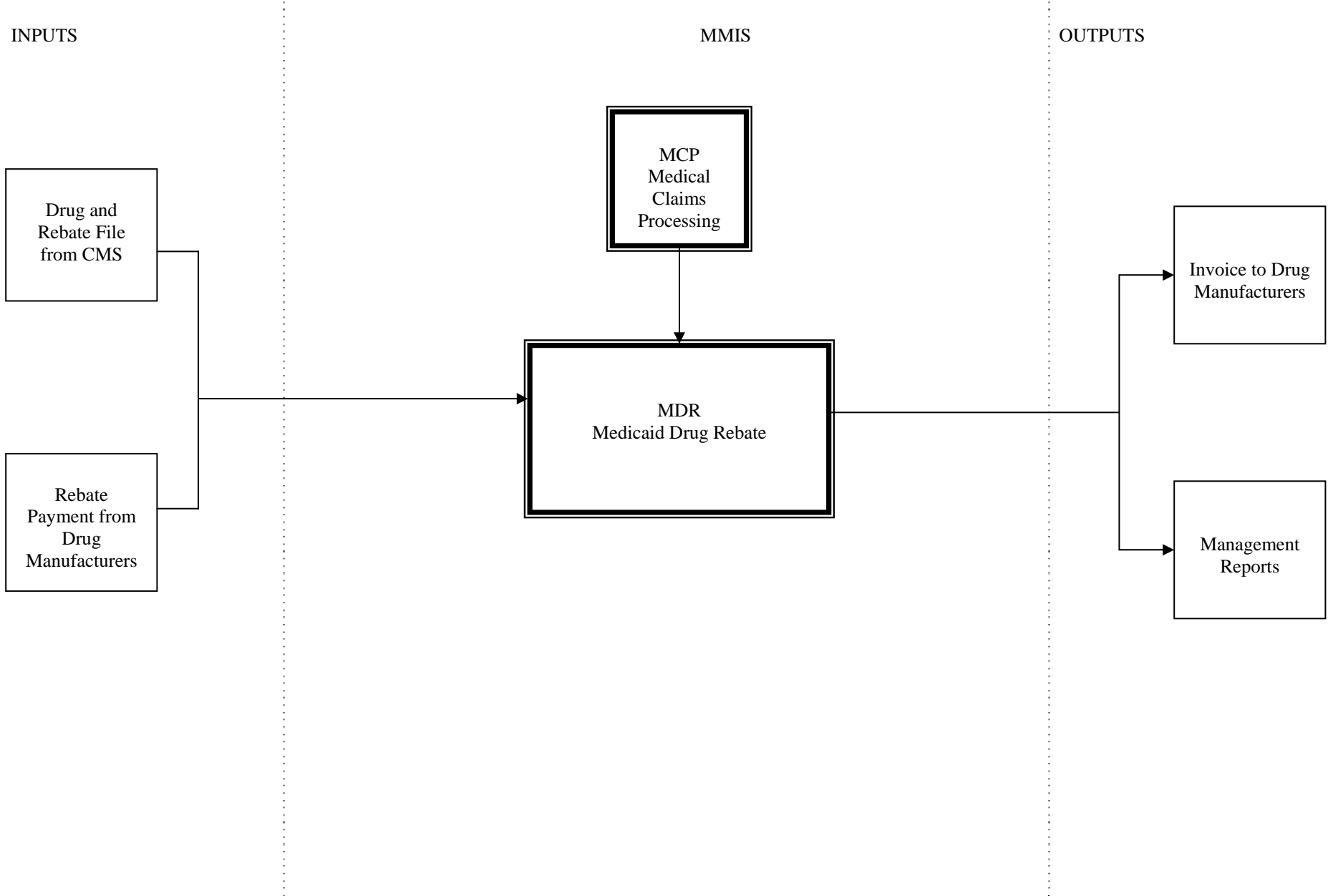
MMIS

OUTPUTS



## DRUG REBATE

Tracks, invoices and receives rebate payments from drug manufacturers.



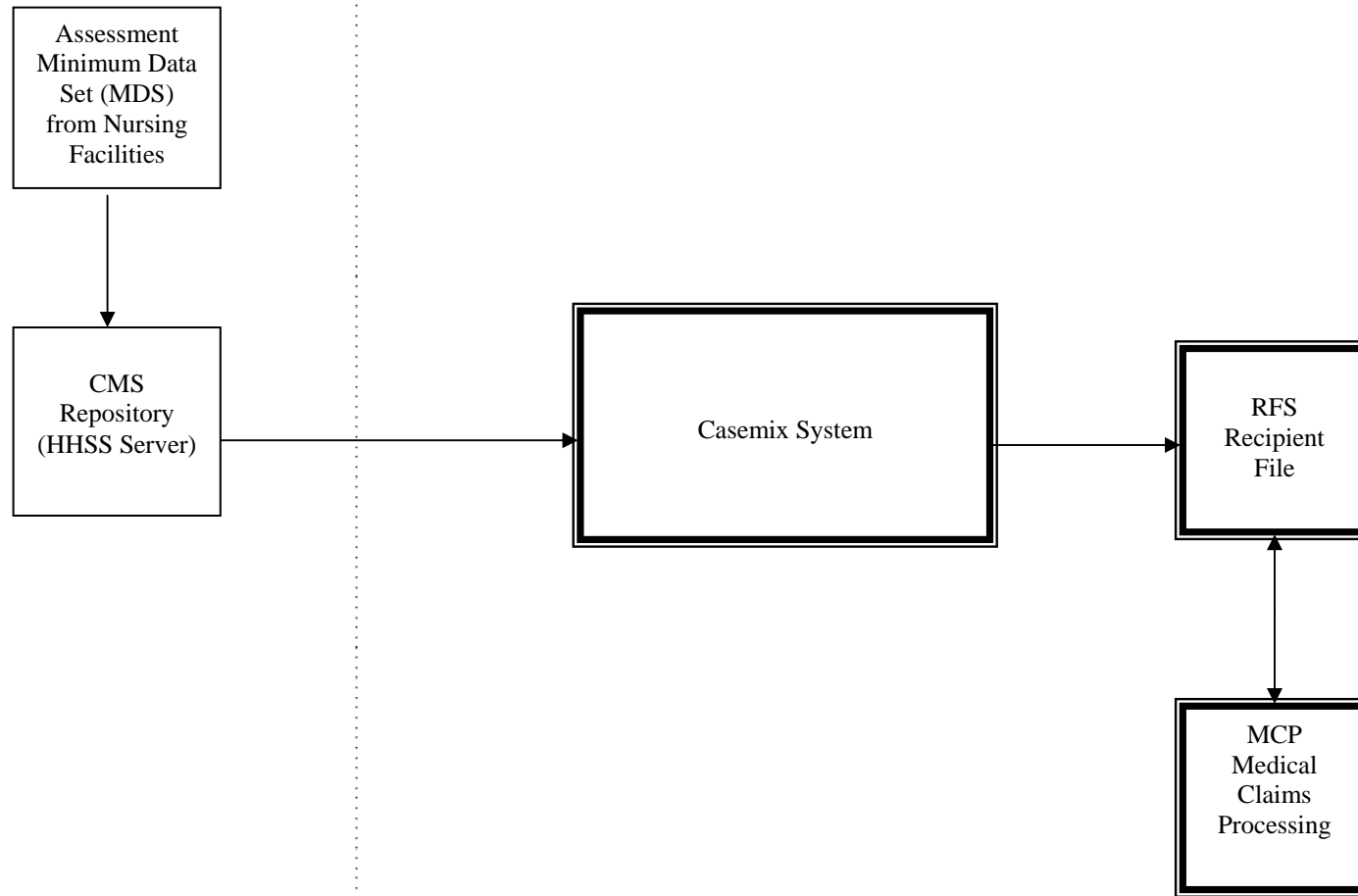
## NURSING FACILITY CASEMIX

Receives and maintains nursing facility assessments and determines care levels used during claims processing.

### INPUTS

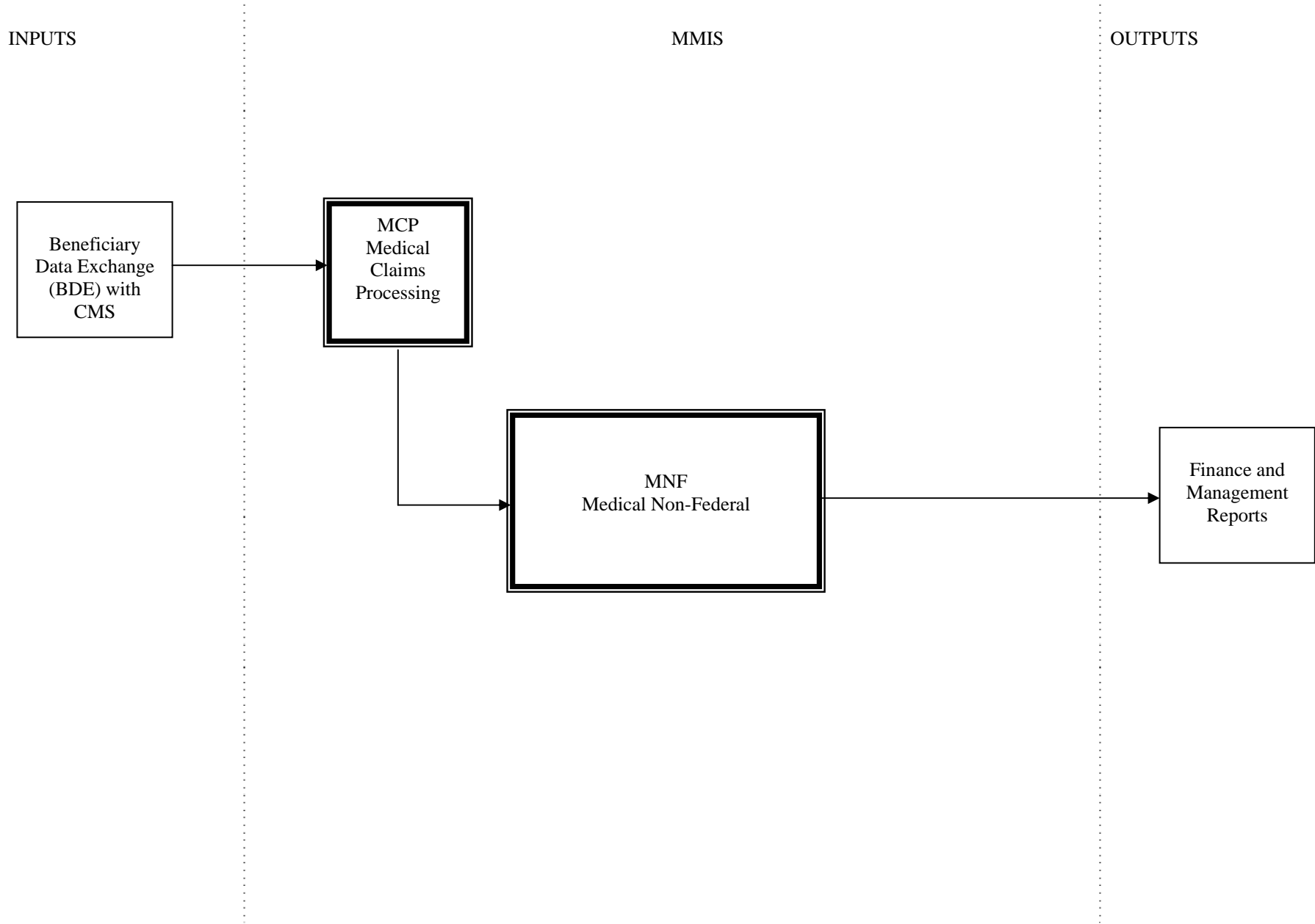
### MMIS

### OUTPUTS



## MEDICAL NON-FEDERAL

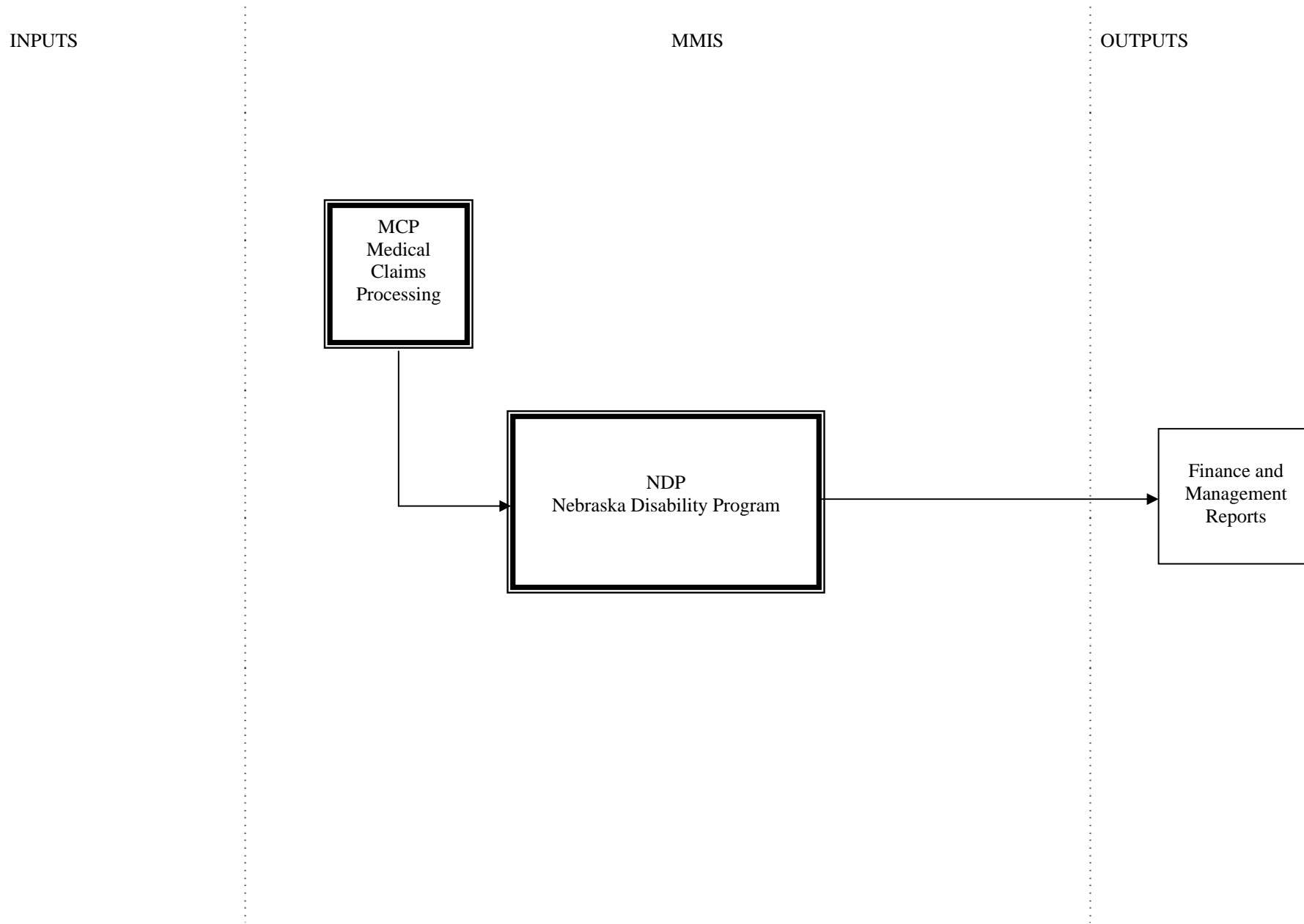
Ensures that Medicaid federal funds are not claimed for services otherwise available through the Medicare Program for those individuals who do not participate in Medicare Part B





## NEBRASKA DISABILITY PROGRAM

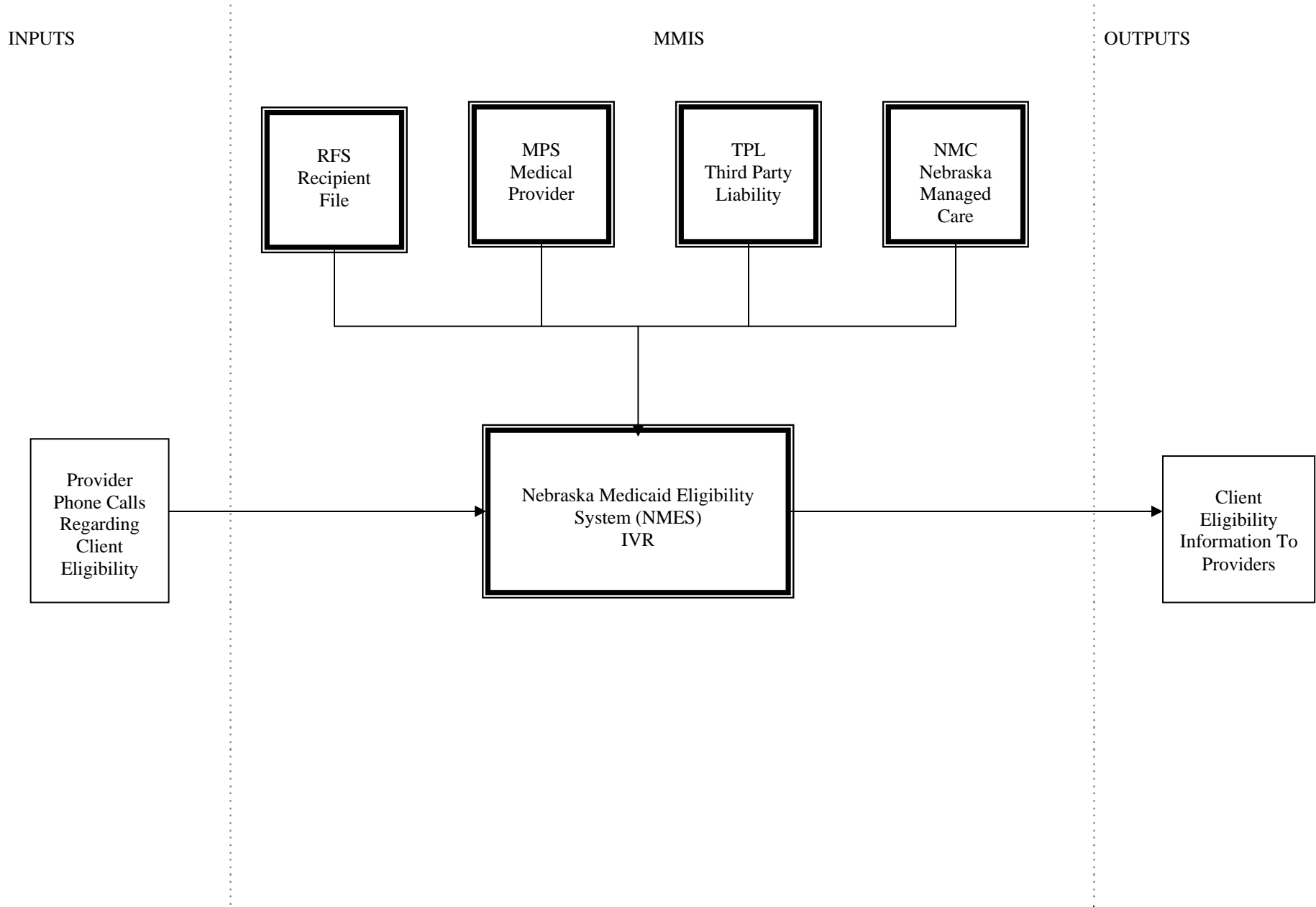
Accounts for separate funding of services for persons with disabilities who do not meet all the Medicare eligibility requirements but who are eligible for Medicaid. Also tracks funding for State-funded Refugee Resettlement Program.



# NEBRASKA MEDICAID ELIGIBILITY SYSTEM

## Interactive Voice Response (IVR)

Telephone voice-response system for use by providers to determine Medicaid client eligibility.



# TRANSLATOR SERVICES

Contracted through Sybase, Inc.

Provides translator software to assure that HIPAA X12 compliant transactions are conducted through the MMIS.

